

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: <u>0 3 - 0 0 3</u>	2. STATE: Pennsylvania
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2003	

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act, Section 1924	7. FEDERAL BUDGET IMPACT: a. FFY 2002 2003 \$ 1,237,860 702,820 b. FFY 2003 2004 \$ 1,054,230
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 11 to Attachment 2.6-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 11 to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT:

Spousal Impoverishment Provisions

1. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Secretary of Public Welfare

2. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Estelle B. Richman</i>	16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare P.O. Box 2675 Harrisburg, PA 17105
3. TYPED NAME: Estelle B. Richman	
4. TITLE: Secretary of Public Welfare	
5. DATE SUBMITTED: 3/31/03	

FOR REGIONAL OFFICE USE ONLY

7. DATE RECEIVED:	18. DATE APPROVED: 6/2/03
PLAN APPROVED - ONE COPY ATTACHED	
9. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/03	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Mary T. Mcsorley</i>
1. TYPED NAME: MARY T. MCSORLEY	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH
3. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Pennsylvania

SPOUSAL IMPOVERISHMENT PROVISIONS

Section 1924 provisions.

- a. Income and resource eligibility policies used to determine eligibility for institutional spouses who have a spouse living in the community are consistent with Section 1924 of the Act.
- b. In determination of resource eligibility, the State resource minimum standard is \$18,132 and the maximum standard is \$90,660.
- c. The definition of undue hardship for purposes of determining if institutionalized spouses received Medicaid in spite of having excess countable resources is described below.

An institutionalized spouse shall not be ineligible by reason of resources determined to be available for the cost of care under the terms of Section 1924(c)(2) of the Act where the State determines that denial of eligibility on that basis would work an undue hardship.

TN No. 03-003 Approval Date JUN 2 2003 Effective Date January 1, 2003
Supersedes
TN NO. 02-002

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